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TRANSMITTAL LETTER

Date: September 8, 2005

To: Richard K. Griffith, Esq.  
Pacific Guardian Center, Makai Tower  
732 Bishop Street, Suite 2302  
Honolulu, HI 96813

From: Randolph L. M. Baldemor

Direct Dial: (808) 547-5728

Re: Meyer vs. Matson Navigation Company  
Civil No. 1:04cv 00049 JMS/BMK

Copies	Date	Description
1	10/1/02	Vessel Safety Inspection Report Matson Terminals, Inc.

TRANSMITTED FOR:

- |   |  |
|---|--|
| <input type="checkbox"/> Your Information and/or Files                                | <input type="checkbox"/> Your Approval               |
| <input type="checkbox"/> Your Signature and Return (Use Black Ink)                    | <input type="checkbox"/> Your Review and Comment     |
| <input type="checkbox"/> Your Signature (Use Black Ink) and Forwarding As Noted Below | <input checked="" type="checkbox"/> Per Your Request |
| <input type="checkbox"/> Per Our Conversation   | <input type="checkbox"/> SEE REMARKS BELOW           |
| <input type="checkbox"/> Your Further Necessary Action                                |  |

REMARKS:

# VESSEL SAFETY INSPECTION REPORT

## MATSON TERMINALS, INC.

a KB 10/2

Vessel: Lhwa V138 Inspectors Present (whomever applies): \_\_\_\_\_  
 Port & Berth: P53 Honolulu Stevedore Superintendent: Cy S. Koo  
 Date & Shift: 10/11/02 Night Vessel Representative: Opt. P.R. O.  
 Time Inspection Completed: 1900 Walking Bosses/Foreman: \_\_\_\_\_

"Pre-Start" Inspection ☒ Check  
 "Pre-Shift" Inspection \_\_\_\_\_ One

The check list below is only a reminder. Matson Terminals, Inc. inspectors shall examine for, report and correct ALL safety problems. If a hazard is noted, please explain fully under "COMMENTS" and, if necessary, on an attachment to this form. A VESSEL REPRESENTATIVE SHALL ACCOMPANY THE INSPECTORS ON "PRE-START" INSPECTIONS MADE BEFORE THE COMMENCEMENT OF STEVEDORING OPERATIONS. VESSEL REPRESENTATIVES NEED NOT BE IN ATTENDANCE DURING SUBSEQUENT "PRE-SHIFT" INSPECTIONS.

- |  | YES                                 | NO                                  |
|--|-------------------------------------|-------------------------------------|
| (1) Did you examine all areas of expected operations aboard the vessel which could be inspected? (If NO, explain under COMMENTS)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (2) Were work areas free and clear of dangerous tripping and slipping hazards? (If NO, explain under COMMENTS)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (3) Were all walkways, stagings and deck areas sound and in good repair? (If NO, explain under COMMENTS)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (4) Was all equipment to be used during operations, including vessel equipment, operable and in good repair? (If NO, explain under COMMENTS)                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (5) Were there any dangers posed by the cargo or its stowage: (If YES, explain under COMMENTS)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (6) Were all necessary safety devices in position, operable and in good working order? (If NO, explain under COMMENTS)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (7) Did the vessel representative point out any safety hazards? (If YES, explain under COMMENTS)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (8) Were any other hazards found? (If YES, explain under COMMENTS)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (9) If you encountered any safety problems did you advise and instruct all other Supervisors, Superintendents, Walking Bosses and Foremen? (If NO, explain under COMMENTS) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (10) Was first aid and emergency equipment adequate and in the immediate vicinity of the vessel? (If NO, explain under COMMENTS)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (11) Were any safety complaints presented by employees before commencement of the shift? (If YES, explain under COMMENTS)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

SPECIFY BELOW AND IF NECESSARY ON AN ATTACHMENT TO THIS FORM ANY PROBLEMS NOTED ABOVE.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pre-Shift safety talk given by: Craig Kato

Name of Person preparing Report (typed or printed): Craig Kato

Signature of Person Preparing Report: Craig Kato

Date & Time of Preparation of Report: 10/1/02 1800

Distribution:

Original (depending on port location):

- Manager, Terminal Operations (Safety) - TI & Oak.
- Superintendent (Safety) - Seattle, or,
- Manager Stevedoring Operations - Honolulu

- Copv
- Local Vessel File, Matson Terminals, Inc.
  - Vessel Owner (Agent - Customer Vessels/Marine Operations Dept., SF - Matson vessels)

NOTE: Only send copies of this report to Director Safety, Matson Terminals, Inc. when safety issues are noted. "Clean" reports should not be forwarded to his attention.